



DEPARTMENT OF ECONOMIC DEVELOPMENT

**EXHIBIT E - CERTIFICATION OF APPLICANT  
BROWNFIELD REDEVELOPMENT PROGRAM**

I certify that I am an authorized representative of the applicant. I have examined the Brownfield Redevelopment Program guidelines and sections 447.700 to 447.718, RSMo. I agree to all terms and conditions of the program.

I certify that all information and accompanying documents submitted in the application to the Brownfield Redevelopment Program are true, correct and complete.

SIGNATURE

DATE

TITLE

PROJECT NAME

NOTARY PUBLIC EMBOSSEY OR  
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)